



City of Burbank
 Community Development Department
BUILDING & SAFETY DIVISION
 150 N. Third Street, Burbank, CA 91502
 818-238-5280

Account No.: _____
BL _____

TOBACCO RETAILER BUSINESS LICENSE APPLICATION

PLEASE PRINT Date of Application _____
 Business Name _____ Phone _____
 Business Address _____ Phone _____
 Mailing Address _____ Phone _____

CHECK ONE: Sole Proprietor Corporation Partnership Ltd. Partnership LLC
 Federal Tax ID Number _____ Social Security Number _____

NAMES AND ADDRESSES OF OWNERS, PARTNERS, PRINCIPALS OR OFFICERS:

Name	Title	Residence Address	Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

FOR CORPORATIONS, THE NAME AND ADDRESS OF DESIGNATED AGENT FOR SERVICE OF PROCESS:

Name	Title	Address	Phone
_____	_____	_____	_____

PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. Do you own or operate any other tobacco retail sales establishment or related business?
 Yes _____ No _____ If yes, what are the names and addresses : _____

2. Have any suspension or revocation proceedings been initiated by any local, state or federal agency for violation of local, state or federal tobacco control laws within the preceding thirty (30) day period?
 Yes _____ No _____ If yes, please explain _____

3. Has the proprietor or any person employed by the proprietor been convicted of any violation of any local, state or federal tobacco control laws within six (6) months prior to the date of application?
 Yes _____ No _____ If yes, please explain _____

4. Disclose any violation of the State tobacco licensing laws at any location within Burbank within the five years prior to this application for which applicant's state tobacco retailer's license was either suspended or revoked.

I hereby authorize the City of Burbank, its agents and employees to seek information and conduct an investigation into the truth of the statements set forth in this application and the qualifications of the applicant(s) for this license and permit. Also, I hereby certify under penalty of perjury that for foregoing information is true and correct, and I understand any false or withheld information is grounds for denial and/or revocation of this business license or permit and for prosecution for the crime of perjury:

Signature of Owner _____ Print Name _____ Date _____